

04/04/01  
JC984 U.S. PTO

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Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	DUR01-NP001
First Inventor	DURING, Matthew
Title	Application of Myeloid-Origin Cells to the Nervous System
Express Mail Label No.	EI981714790US

09/25/01  
04/04/01

### APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages **29**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [ Total Sheets **21** ]
5. Oath or Declaration [ Total Pages **1** ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of Attorney (when there is an assignee)
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)
16.  Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP)

of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information:

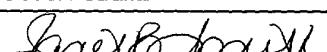
Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

### 19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24358 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Janet B. Smith	Registration No. (Attorney/Agent)	45,461
Signature			Date 04 April 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/21 (08-00)

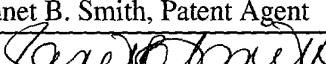
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	
		Filing Date	04 April 2001
		First Named Inventor	DURING, Matthew
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	59	Attorney Docket Number	DUR01-NP001

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  <div style="border: 1px solid black; padding: 5px;">Remarks</div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Janet B. Smith, Patent Agent Thomas Jefferson University
Signature	
Date	04 April 2001

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text" value="04 April 2001"/>		
Typed or printed name	Janet B. Smith, Patent Agent	
Signature		Date 04 April 2001

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# FEET TRANSMITTAL

## for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 435.00)

## Complete if Known

Application Number	
Filing Date	04 April 2001
First Named Inventor	DURING, Matthew
Examiner Name	
Group Art Unit	
Attorney Docket No.	DUR01-NP001

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 50-0491

Deposit Account Name Thomas Jefferson University

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)			
101	710	201	355	Utility filing fee	\$355.00	
106	320	206	180	Design filing fee		
107	490	207	245	Plant filing fee		
108	710	208	355	Reissue filing fee		
114	150	214	75	Provisional filing fee		

SUBTOTAL (1) (\$ 355.00)

## 2. EXTRA CLAIM FEES

Total Claims	19	-20** =	1	X	\$9.00	= \$0.00
Independent Claims	4	- 3** =	1	X	\$40.00	= \$40.00
Multiple Dependent						

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)			
103	18	203	9	Claims in excess of 20		
102	80	202	40	Independent claims in excess of 3		
104	270	204	135	Multiple dependent claim, if not paid		
109	80	209	40	** Reissue independent claims over original patent		
110	18	210	9	** Reissue claims in excess of 20 and over original patent		

SUBTOTAL (2) (\$40.00)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Entity	Entity	Code (\$)	Code (\$)	Code (\$)		
105	130	205	65	Surcharge - late filing fee or oath		
127	50	227	25	Surcharge - late provisional filing fee or cover sheet		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for ex parte reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	390	216	195	Extension for reply within second month		
117	890	217	445	Extension for reply within third month		
118	1,390	218	695	Extension for reply within fourth month		
128	1,890	228	945	Extension for reply within fifth month		
119	310	219	155	Notice of Appeal		
120	310	220	155	Filing a brief in support of an appeal		
121	270	221	135	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive - unavoidable		
141	1,240	241	620	Petition to revive - unintentional		
142	1,240	242	620	Utility issue fee (or reissue)		
143	440	243	220	Design issue fee		
144	600	244	300	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Processing fee under 37 CFR 1.17(q)		
126	180	126	180	Submission of Information Disclosure Stmt		
581	40	581	40	Recording each patent assignment per property (times number of properties)	\$40.00	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))		
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))		
179	710	279	355	Request for Continued Examination (RCE)		
169	900	169	900	Request for expedited examination of a design application		

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Janet B. Smith	Registration No. (Attorney/Agent)	45,461	Telephone	(215) 503-2386
Signature					
Date	04 April 2001				

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